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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000091645

Corporation Name

MICHAEL NASSAR, INC.

						TEN IBTRI ITREN RI	EIL #18#E #111 (##L
Principal Place	e of Business	Mailing Address			,		
1331 SE 3RD T		1331 SE 3RD TERR					
POMPANO BEA	ICH FL 33060	POMPANO BEACH FL 33060			DO NOT WRITE IN TH	IIS SPACE	
US US					3. Date Incorporated or Qualified		
					01/01/1995		
3 Dvineinel D	llana of Business	2a. Mailing Address			4. FEI Number		Applied For
				65-0541959		L	Not Applicable
21 Suito Ant	# otc	Suite, Apt. #, etc.			_		5 Additional
					5. Certificate of Status Desired Fee Required		
City & Stat	é .	City & State		 	6. Election Campaign Financing	\$5.0	0 May Be
23 28					Trust Fund Contribution		ed to Fees
Zip	Country	Zip	Count	'y	8. This corporation owes the current year	Intangible	
24	25 29 30		30		Personal Property Tax. ☐ Yes ☐ No		
24	9. Name and Address of Cur				10. Name and Address of New Register	ed Agent	
-			8	1 Name			
NASSAR, MICHAEL				2 Ctroot Add	ress (P.O. Box Number is Not Acceptable)		
1331 SE 3RD TERACE			8	2 Street Add	ress (P.O. Box Number is Not Acceptable)	. •	
POM	IPANO BEACH FL 33060		8	3			
}							
			8	4 City	F	85 Zi	ip Code
11 Pursuant	to the provisions of Sections 607	0502 and 607 1508 Florida Statutes	s the abo	ve-named corr	poration submits this statement for the purpose	of changing	its registered
) Office or r	redistered agent of both in the St	ate of Fiorida. Such change was aut	morizea u	y the corporati	ion's board of directors. I hereby accept the ap	pointment as	registered
agent. I a	ım familiar with, and accept the ob	ligations of, Section 607.0505, Florid	da Statute	1S.	<i>i</i> 2 .	1 50	
SIGNATURE	Michael N	assac Mote	101 se	rail !	11 mm 2 · 1 ed when reinstating) DATE	1.77	
12.	Signature, typed or printed name of registered	AND DIRECTORS	13.	ent signature require	ADDITIONS/CHANGES TO OFFICERS		TORS IN 12
TITLE	DPV	☐ DELETE	1.1 TITLE	: [☐ Chang	
	NASSAR, MICHAEL		1.2 NAME	!			
NAME	1001 OF DDD TERRADE			ET ADDRESS			
STREET ADDRESS	POMPANO BEACH FL 3306	'n	1.4 CITY-	,			
CITY-ST-ZIP	ST	□ DELETE	2.1 TITLE			Chang	ge Addition
	NASSAR, MICHAEL		2.2 NAME	1			_
NAME							
STREET ADDRESS		20		ET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL 3306	DELETE	2. 4 CITY 3.1 TITLE				je [Additior
TITLE		☐ DECE15					,
NAME			3.2 NAM				
STREET ADDRESS				ET ADDRESS	,		
CITY-ST-ZIP		☐ DELETE	3.4. C/TY			☐ Chang	ge Addition
TITLE		L'1 DELETE	4.1 TITLE				Jo Dradition
NAME			4. 2 NAM				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			4.4 CITY				(T) 4.25%
TITLE		☐ DELETE	5.1 TITLE			Chang	ge 🗌 Additior
NAME			5.2 NAM				
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY				
TITLE		☐ DELETE	6.1 TITLE			☐ Chang	ge 🔲 Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

2.11.19 Date